

LO9000106237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

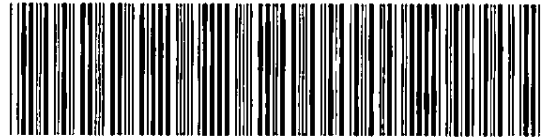
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FILED  
2024 SEP 30 AM 9:58  
TALLAHASSEE, FL

9/23/2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Supreme Discount Uniforms, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Albo

\_\_\_\_\_  
Name of Person

Supreme Discount Uniforms, L.L.C.

\_\_\_\_\_  
Firm/Company

15831 Menton Bay Court

\_\_\_\_\_  
Address

Delray Beach, FL 33446

\_\_\_\_\_  
City/State and Zip Code

Victor@SDUniforms.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Albo

954

461-6733

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2024 SEP 30 AM 9:58  
CLERK OF COURT  
TALLAHASSEE, FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Supreme Discount Uniforms, L.L.C.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

15831 Menton Bay Court

15831 Menton Bay Court

Delray Beach, FL 33446

Delray Beach, FL 33446

11/04/2009

L09000106237

3. Date of filing/registration in Florida

4. Document number

5. (a) Victor Albo

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

10060 NW 53rd Street

Sunrise, FL 33351

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW Registered Office Address:**

15831 Menton Bay Court

Delray Beach, FL 33446

**FILED**  
**2024 SEP 30 AM 9:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Victor Albo  
Signature of a member or authorized representative of a member

VICTOR ALBO 9/23/2024  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Victor Albo  
Signature of Registered Agent